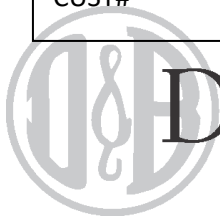


CUST#

APPLICATION FOR CREDIT

REQUIRED TO COMPLETE AND SIGN BEFORE CREDIT WILL BE EXTENDED



Dole & Bailey

781.935.1234

16 Conn St Woburn MA 01801
781.935.1234 • 781.935.9085fx
accountapps@doleandbailey.com

(PLEASE PRINT CLEARLY)

CORPORATE NAME _____ DBA _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ FAX _____

FEDERAL TAX ID NUMBER of SOCIAL SECURITY NUMBER _____

BILLING ADDRESS IF DIFFERENT FROM ABOVE

STREET ADDRESS OR PO BOX _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ (office) FAX _____

TYPE OF BUSINESS: CORPORATION _____ PARTNERSHIP _____ PROPRIETORSHIP _____

PURCHASE ORDER REQUIRED: Yes No SALES TAX EXEMPT: Yes No

OFFICERS OF CORPORATION OR OWNER(S) OF BUSINESS

NAME _____

STREET ADDRESS OR PO BOX _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ FAX _____

NAME _____

STREET ADDRESS OR PO BOX _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ FAX _____

DATES BUSINESS STARTED _____ HOW LONG AT THIS LOCATION _____

BUILDING: OWNED _____ LEASED _____

NAME OF PERSON OR CORPORATION HOLDING LEASE _____

Management contact: ph# _____

Email: _____

Kitchen contact: ph# _____

Email: _____

Accts Payable contact: ph# _____

Email: _____

Requested 4-Hour Delivery Window:

Dole & Bailey will do its best to honor delivery requests – however alternative arrangements may need to be made based on routing, weather, traffic, etc.

STATEMENT OPTIONS:

• **PAPER** Statements: Yes No
Mailing address for statements:

• **EMAIL** Statements: Yes No
Email address for statements:

• **NO** Statements Required: Yes No
Authorizing Initials: _____

Dole & Bailey Sales Representative:

TRADE REFERENCES

FOOD / COMMERCIAL / COMMUNITY

NAME _____

STREET ADDRESS OR PO BOX _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ EMAIL _____

NAME _____

STREET ADDRESS OR PO BOX _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ EMAIL _____



BANKING REFERENCE LETTER

Date:

Bank Name	
Branch	
Contact	
Phone	
Fax	
Email	

Re

Company	
Acct Signatory	
Street Address	
City/State/Zip	
Bank Acct#s	
Loan Acct#s	

Dear Sir or Madam:

You are hereby authorized and directed to release to Dole & Bailey, Inc. all banking information requested by them relating to our Accounts on this one-time basis only. We would consider it a great courtesy if you would respond promptly to their inquiries. This shall be your good and sufficient authority for doing so.

With best regards,

Authorized Signer on Account

Date





CREDIT AGREEMENT

If credit is granted, I agree that I will immediately notify you of any changes in our business structure from that shown above. I understand that all invoices will be paid by due date or pay a finance charge as indicated either on the invoice or our statement. In consideration of benefits accruing to me I guarantee payment of all correct charges to the business and if for any reason the account is not paid when due I will, if collection is required, pay a reasonable attorney fee or if this account is placed in the hands of a collection agency, I (we) will acknowledge that you will be damaged thereby to the extent of the collection charge against you and I (we) therefore agree to pay to you, as liquidated damages, an amount equal to amount charged you on said collection by said collection agent, not exceeding, however, fifty percent of the amount unpaid thereon.

To induce you to sell merchandise and extend credit upon an open account to the applicant named above, I hereby personally and unconditionally guarantee the payment of any indebtedness which may from this date forward or at any time from time to time thereafter be owed you by the said applicant. I understand that in consideration for and reliance on this personal guarantee, you will sell merchandise and extend credit upon an open account to the applicant. In return for the above stated consideration I acknowledge that this personal guarantee of credit is binding upon me as an individual and I do sign this personal guarantee of credit as an individual and not in any representative capacity.

All prior notice of default and demand for payment are hereby waived. This document constitutes the entire agreement between the undersigned and the creditor and I acknowledge that no person has made any representations of promises to me in conflict with the above provisions.

Applicant, whose signature appears hereafter, warrants that all of the above information is true and correct and that the same is given for the purpose of establishing credit and that the seller herein if granting credit relying completely on such information. I (we) understand these terms and agree to meet them if credit is extended.

----- PRINT filled—out document, sign by hand and send -----

DATE _____

*SIGNATURE (Owner or Corporate Officer Only)

WITNESS _____

NOTE: Policy states credit terms will not be extended without proper signature on an unaltered application.

OFFICIAL USE ONLY

Sales Rep # _____	Approved by _____
Terms Code _____	Disapproved by _____
Credit Limit _____	Date _____